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FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE CUBAN TRAINING SCHOOLS

MISS O'DONNELL, who has lately come from Cuba to study visiting nursing work in the Nurses' Settlement of New York, gives pleasant and commendatory accounts of nursing progress in the beautiful but troubled island.

There are now Cuban nurses holding positions as superintendents, with ability and distinction. At the Matanzas Hospital there is Miss Seigley, and at Cienfuegos Miss Cantara.

Miss O'Donnell's sister, Miss Mary O'Donnell, is still in charge of the training-school at the Mercedes Hospital, which was the first school for nurses opened in Cuba. She is also the inspector, under the Education Department, of the other Cuban schools, a position formerly held by Mrs. Quintard during her stay there.

As the Mercedes is the University hospital, all the other schools send their nurses there for the last three months of training (the course being three years), and they all pass their examinations there. It is thought possible eventually the Mercedes may evolve as the one central training-school, from which the others will receive certificated nurses for permanent positions, and some pupils.

A course of preparatory training is also being talked of, but is likely to be delayed by the present unrest. Three other American superintendents are still in charge of Cuban hospital schools—Miss Byers at Santiago de Cuba, Miss Walker at No. One, Havana, and Miss Pierson at the General Hospital, Camaguëy. Would it not be a happy idea to invite all these Cuban superintendents to join our superintendents' society? Or at least to affiliate with it? It seems a pity for them to be so near and yet so far.

Miss O'Donnell speaks highly of the skill, tender-heartedness, and sympathy of the Cuban nurses. It seems that many of them marry, so that there will hardly be too many of them—perhaps not even enough.

THE ANTI-MALARIA CRUSADE IN ITALY

THE splendid work that is being done by the Italian Government under the direction of such scientists and medical men as Dr. Angelo Celli (whose article on this subject was given some time ago in the JOURNAL), is steadily and encouragingly successful. The main lines of attack against the malarial pest are mechanical protection of workers by window-screens, wire-masks and large gloves, with rules forbidding labor before sunrise or after nightfall in infected districts; the systematic distribution by the government of quinine, with compulsion for employers to provide it; the opening of stations by the Red Cross Society; drainage schemes, and universal popular teaching by leaflets, verbal instruction, and demonstration. How much more glorious it is to see a government fighting disease than other nations! And it is fast becoming more interesting.

FOREIGN VIEWS ON NURSES' FEES

THE question of nursing the patient with limited means is being discussed all over the world. The Australian nurses are considering establishing a visiting nurse service for such patients, backed by their association, not leaving it for the individual nurse at her own risk. The possibility of having such a service turned to the advantage of wealthier patients came under discussion, and one nurse expressed herself thus:

About visiting nursing there is a great deal of difference of opinion. Unless we can get an absolutely satisfactory guarantee that visiting nursing will be confined to the class for which it is intended, we should reject it without a moment's hesitation, as it would mean utter and complete ruin to private nursing. It remains to be seen if such a guarantee is obtainable.

The *British Journal* thinks it would be almost impossible for an institution or coöperative society to vary fees by asking more when the patient is wealthy and less when his circumstances are moderate. It says, editorially:

A scale of charges must be adopted, and the employer informed as to what that scale is. At the same time we must own to a feeling of strong sympathy with nurses when a surgeon who takes a hundred or two hundred guinea fee for an operation states that he considers the nurse employed overpaid at £2 2s. a week. This is the sort of thing to make a woman wonder of what use are her days and nights of anxiety, skilled service and arduous work.

In respect to the poorer classes of the community and how to reach them, we think the *British Journal* has touched the most rational solution of the problem when it says:

We are warmly in sympathy with the poor and the middle classes being supplied with the most efficient nursing—instead of the makeshift stuff often provided at present. It can, and should be done, but the deficit must be made up *by the community at large*, and not at the expense of trained nurses, than which nothing can be more illogical and unjust.

In connection with this topic comes the announcement of the Berlin Central Nursing Directory (which, if we are not mistaken, is a part of a large general supervision of ambulance and first aid service, formerly under purely volunteer organizations, but now affiliated under municipal oversight) that they will provide nurses at moderate prices to persons not able to pay the full charge, and entirely free to the very poor. Perhaps one of our German sisters will explain how this is done.

ITEMS

THE Nurses' Hostel in London, which is in some ways a pattern of convenience such as we do not possess, has been having some trouble with its management, chiefly centering about the telephone service. Probably all centres where nurses live have some such difficulty at least once in their career, and we hope the Hostel will soon smooth out the wrinkles.

DR. OTTO SCHMIDT, of Cologne, is making researches into the nature of carcinoma by studying it in animals, believing that scientific research here may give some practical therapeutic knowledge.

THE training-school for nurses at Bordeaux gives its pupils practical demonstrative examinations, one surgical ward, the operating-rooms, and two medical wards being thus utilized. This growing custom of testing the nurse's skill by having her demonstrate it is bound to be a most wholesome preventive of the superficiality that might be connected with purely clerical or oral examinations.

A FORMER Queen's Nurse, writing to the *British Journal of Nursing*, September 22, gives an interesting account of district nursing work established in Jerusalem in 1903, and continuing to the present time with success. Her work was among the Christians, as the Jews have their own physicians and nurses. The nurses do a good deal of looking up

cases themselves, and conditions are very pitiful, as may be illustrated by this little story quoted from the letter :

A nurse is often not called to a patient's house until it is too late—the patient may be dying when she arrives, or the friends get tired of a long illness and neglect the patient, only sitting by expecting the poor soul to die. I had the wife of a Turkish soldier for a patient whom I found quite accidentally in a most deplorable condition: she was lying on a hard mattress on the floor in the corner of a small room, parched with thirst and covered with flies, and her husband was amusing himself in another part of the room waiting for her to die; he did not mean to be unkind, but thought it was no good, and so left her in the state I found her. I took her to the German Hospital, where she died after a few days. It was a case of neglected malaria, and with proper treatment she would probably have recovered. She was a very beautiful Damascus woman, only 22 years of age.

GERMAN HOSPITALS

GERMANY is building a great many new and magnificent hospitals. The new Augusta Victoria Hospital in Schöneberg, a suburb of Berlin, with 600 beds, just finished, is a model of perfection in plan and detail. In the children's wards of this hospital a teacher is to be employed to carry on the schooling of any children who are fit to study.

The new Rudolf Virchow Hospital, opened in Berlin on the first of October, has been seven years under construction and is a marvel of size, capacity, and completeness.

Charité Hospital in Berlin is now entirely staffed with nursing sisters on a unified basis under the general direction of the hospital management.

For many years Charité was nursed on a most intricate plan by deaconesses and sisters from different mother houses, each set being under its own head sister.

Kaiserswerth deaconesses have worked in Charité for nearly three-quarters of a century, but as Kaiserswerth could not supply enough nurses the hospital had to engage others from other schools. The Clementina House of the Red Cross in Hanover supplied a set of sisters, and they were under the general oversight of a head sister from the Clementina House. As the needs of Charité grew, other nurses had to be contracted for, so that there were actually several nurse supervisors or heads, each one responsible for her own group of nurses.

We well remember seeing, in 1899, in Charité, the different uniforms and caps betokening different mother houses and schools.

This cumbersome method has now been abandoned, and Charité will

have its own sisters, most of whom, if not indeed all, are being supplied by the German Nurses' Association, and train its own pupils, who will also be "free." We see no mention made of a matron (superintendent of nurses) and predict that unless there is one the nursing and discipline will retrograde. The German physicians (some of them) have a strong antipathy to matrons. Yet those countries that have them have made the most progress in good nursing, and one has only to look at hospitals under men's rule where there are none (as in Austria and France) to see the results. To meet the need of well-trained nursery maids, the Berlin Societies for the Care of Infants are establishing three-months' courses of training in the care of infants, on the lines of that at the Babies' Hospital in this country. The young women are carefully selected and taught, pass an examination, and have no trouble in securing good positions.

A TUBERCULOSIS CAMP BY THE DAY

IN the beautiful pine woods of Gr newald, near Berlin, two resorts have been established, one by the Red Cross and one by the city, to which incipient tuberculosis cases go by the day to get the air, nourishment, and treatment. Both the resorts are alike, with simple rustic buildings, but plenty of everything needed for proper handling of the cases. There are reclining-chairs and shelters for lying down out of doors, places to remove damp or wet garments and a supply of substitute clothing, wraps, blankets, etc., and milk, eggs and other diets are served. Doctors and nurses are in attendance. Families are allowed to visit in the afternoons, and diversion is provided in the way of entertaining lectures, reading, games, etc. The patients come every morning and go home at night.

[In our June issue the Day Camp at Parker Hill, Boston, is described by Miss Robbins.—ED.]

